


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90019 042 \*\*\*150.00

DOCUMENT # P05000153212 1. Entity Name DIYABVM INC.			
Principal Place of Business 1201 SW 16TH. AVE. GAINESVILLE FL 32601		Mailing Address 1201 SW 16TH. AVE. GAINESVILLE FL 32607	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PATEL, KIRITKUMAR S</b> 1452 SW 18TH. PLACE GAINESVILLE FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>[Signature]</i></u> DATE: <u>02-27-08</u>			
<p><b>FILE-NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, KIRITKUMAR S 1452 SW 18TH. PLA GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSHI, BHUMI B 1201 SW 16TH. AVE. GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.			
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>03/21/08</u> President	